

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90095 016 ***150.00

DOCUMENT # F95000003197

1. Entity Name
MILL'S PRIDE, INC.

Principal Place of Business Mailing Address
423 HOPEWELL ROAD **250 AUSTRALIAN AVENUE**
WAVERLY OH 45690 **13TH FLOOR**
 WEST PALM BEACH FL 33401-5018
 US

2. Principal Place of Business 3. Mailing Address
250 S. Australian Ave. **c/o Tax Department**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
13th. Floor **21001 Van Born Road**
 City & State City & State
West Palm Beach, FL **Taylor, MI**
 Zip Country Zip Country
33401 **USA** **48180-1340** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **06-1241754** Applied For
 ☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MICHAEL A CONNELLY
250 AUSTRALIAN AVE, 13TH FL
W PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
 Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CRST	<input type="checkbox"/> Delete	TITLE	CEO-CFO-T-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL A CONNELLY		NAME		
STREET ADDRESS	250 AUSTRALIAN AVE, 13TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL 33401		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALEY, RICHARD		NAME		
STREET ADDRESS	250 AUSTRALIAN AVE, 13TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	COB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Malcolm S. Healey	
STREET ADDRESS			STREET ADDRESS	250 S. Australian Ave., 13th. Floor	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Delete	TITLE	V-T-AS-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Richard G. Mosteller	
STREET ADDRESS			STREET ADDRESS	21001 Van Born Road	
CITY-ST-ZIP			CITY-ST-ZIP	Taylor, MI 48180-1340	
TITLE		<input type="checkbox"/> Delete	TITLE	V-S-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Eugene A. Gargaro, Jr.	
STREET ADDRESS			STREET ADDRESS	21001 Van Born Road	
CITY-ST-ZIP			CITY-ST-ZIP	Taylor, MI 48180-1340	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	David A. Doran	
STREET ADDRESS			STREET ADDRESS	21001 Van Born Road	
CITY-ST-ZIP			CITY-ST-ZIP	Taylor, MI 48180-1340	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A. Doran 4/27/00 313/792-6162
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)